

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10691209

1021-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	1					
14		1				
15		1				
16	1					
17		1				
18		1				
19		1				
20		1				
21		5				
22		45				
23		45				
24		5				
25		5				
26		5				
27		5				
28		5				
29		45				
30		5				
31		5				
32		5				
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39		1				
40		1				
41		1				
42	1					
43	1					
44	1					
45	1					
46		1				
47		1				
48	1					
49	1					
50	1					
TOTAL IND.	16		16		16	
TOTAL DEP.	82		82		82	
TOTAL CLAIMS	98		98		98	

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		1				
52	1					
53		1				
54		1				
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97						
98						
99						
100						
TOTAL IND.	16		16		16	
TOTAL DEP.	82		82		82	
TOTAL CLAIMS	98		98		98	

76
40
98